

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025089

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

216

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

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216

STATE FILE NUMBER

FILED JUN 20 1963

1. PLACE OF DEATH

a. COUNTY

Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Hannibal

Length of stay in 1b

c. CITY OR TOWN

Hannibal

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Levering Hosptial

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

707 Sycamore

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Ora

Middle

Last

Mayer

4. DATE OF DEATH

Month

Day

Year

June 8, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Apr. 8, 1883 80

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Hannibal, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Issac Groff

13b. MOTHER'S MAIDEN NAME

Molly Eales

14. NAME OF HUSBAND OR WIFE

Fred L. Mayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Fred L. Mayer, 707 Sycamore

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

Congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH

7 days

IMMEDIATE CAUSE (a)

DUE TO (b)

Arterio sclerotic heart disease

yrs

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month; Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Hannibal Marion Mo.

21. I attended the deceased from

6/7/63

to

6/8/63

and last saw her alive on 6/8/63

Death occurred at

12:45 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. E. M. Rucke by Lillian M. Herman

22b. ADDRESS

1209 Broadway, Hannibal, Mo.

22c. DATE SIGNED

6/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jun. 11, 1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)

Hannibal, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H. M. O'Donnell, Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.

June 14, 1963

26. REGISTRAR'S SIGNATURE

Dr. E. M. Rucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

10648

20648

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision:

Student _____
Signature of Student Embalmer

Signed

J M O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 6/19/63